

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SF		12-10-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	CHM	07479	02/12/02
RESPONSE FORMALITY REVIEW			

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INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral)... Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final Original	7 4
10 15	
03 04	
11 V V	
20 V V	
3 V V	
4 V V	
5 V	
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Claim	Date
Final Original	4
51 L	15
52 L	04
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here